

Foster Family Home - Corrective Action Report

Provider ID: 1-190058

Home Name: Porfirio B. Roque, CNA

Review ID: 1-190058-1

91-2180 Old Fort Weaver
Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 7/11/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 7/11/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/11/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

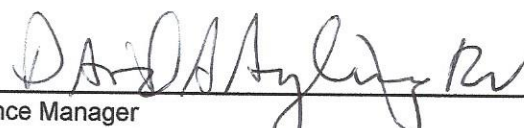
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

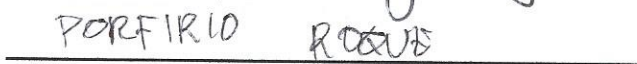
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4) - No Disclosure form present for CG #3 and CG #4.

41.(b)(8) - CPR and First Aid certification obtained on the internet for CG #2.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: PORTIRIO B. ROQUE
CCFFH Address: 91-2180 OLD FORT WEAVER RD. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
07/29/19	I received current Disclosure forms from CG #3 and CG #4 & placed in my CCFFH binder	07/29/19	I will have all new SCG's give me current forms & certificate when I hire them.
07/29/19	I received my current cpr and my first aid certification and I received a current cpr and first aid certification from CG #2 and placed in my CCFFH binder.	07/29/19	I will have all CGS obtain cpr & first aid from an accredited school.

Primary Caregiver's Signature: *pbroque*
Print Name: PORTIRIO ROQUE Date of Signature: 07/29/2019